

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

TARGETED SMALL BUSINESS CERTIFICATION PROGRAM

The following is the application for Targeted Small Business (TSB) certification with the Iowa Department of Inspections and Appeals.

Read all of the materials carefully. Complete the document check list and return it with your application. Failure to complete the application/affidavit and provide the supportive documents as requested will delay the review process and may result in denial.

Upon receipt of the completed Application for Certification, the Department will evaluate the information submitted to determine compliance with Chapter 25 Iowa Targeted Small Business Certification Program Administrative Rules. It is therefore imperative that your application and any attached documentation provide evidence of the ownership and control of your firm. If you have additional documentation that will show your firm is eligible for certification, attach it to your application. If there is a need for additional information/documents, you will be contacted.

To ensure a timely review of your application you must answer all questions and submit all requested documentation. If yours is a recently established firm or yet to be established firm and portions of the application do not seem applicable, please place N/A on the questions that do not apply, or pending on the documents that have been applied for, or will be applied for.

The effort you make in submitting a complete application, the documentation requested and any other documentation that will help prove that your firm meets the eligibility standards will decrease the amount of processing time.

Since it is intended to prevent abuse of the program, the application is in the form of a **SWORN** affidavit. The information requested is for Department purposes only and will be kept confidential to the extent allowed by law.

Any false information submitted by applicants will be considered as ground for denial and or decertification.

Return the completed application/affidavit with ALL of the supportive documentation verifying that you own, operate and actively manage more than 51% of your business to the following address:

Iowa Department of Inspections and Appeals
Audits Division
Targeted Small Business Certification
Lucas State Office Building
Des Moines, Iowa 50319

Be sure to include a check in the amount of \$25.00, which is a non-refundable application processing fee.

Instructions

Instructions for Answering Particular Questions

Business Name, Owner Name(s), Certification Status Sought, Address, Phone, Etc.

Enter the full legal name of the enterprise. Provide the owner(s) name(s). Check the appropriate box for certification status. Provide the address for your business, if mailing address is different, please complete that section. Provide your business telephone number and fax number if applicable. Fill in contact person's telephone number and name. Please provide your federal I.D. number or social security number. Check the geographical operating radius of your business. Specify the type of ownership of your business and provide your e-mail address if applicable.

General Information

Please check the purpose of your application, enter the date or potential date your business was or will be established. Please check the appropriate box for your business and explain the nature of your business. Include all major fields of operation, products sold, or services rendered. Name specifically and exactly what you sell. This definition will determine how purchasing agents and other entities view your business.

Financial Information

Provide information about the banking institution you use or will be using for your business.

Enter the gross income for your business for the previous three years. If this is a new business, check the box marked new business, no income.

Explain where the money came from to buy or begin your business. Please send proof of your capital contribution into this business.

If you purchased your business or are intending to purchase a business fill in the information regarding the seller(s).

Written/Verbal Agreements

Enter information about any working agreements you have with other businesses whether they are written or verbal. If those agreements are written, please attach a copy. Be sure to include agreements with the previous owner of your business.

Business Equipment

Please list items you rent, lease or have purchased for your business, attach a copy of the lease or rental agreement.

Personnel and Responsibilities

Enter the number of employees (including yourself) in the box provided. Enter the name of the person responsible for the responsibilities listed. List all owners along with the social security number, the percent of the business they own, the equity they have in the business, ownership date and their status.

Organization

Complete the subsidiary section only if your business is a subsidiary of another business.

Fill in the shared space, equipment, or personnel section only if you share space, equipment, or personnel with another business.

Applicant Survey

Iowa state government is committed to affirmative action. Please be sure and fill out the applicant survey to help us evaluate the success of the Targeted Small Business Program.

Affirmation and Authorization

Please read the affirmation authorization closely, sign and have your application notarized.

Extra Forms

Please fill out the corporation form if your company is a corporation. Please fill out the construction form if your company performs construction. Please have your doctor fill out the verification of disability form if you are applying as a person with a disability.

Miscellaneous

Please do not wait until the last minute to submit your application. Try to submit your application for certification 30 days prior to submitting your financial assistance application. This will allow the Department time to make a certification determination before you must submit your financial assistance application.